

EXHIBIT ACERTIFICATION REGARDING COMPLIANCE WITH SECTION 188.325, RSMO

*Regarding performing, inducing, or assisting in the performing or inducing of or referring for abortions*

The vendor certifies, by submission of the proposal and by signing below, that the vendor is not an organization, or an affiliate of organizations, that "perform or induce, assist in the performing or inducing of or refer for abortions".

Maria M. Bundrick

\_\_\_\_\_  
Name and Title of Authorized Representative

*Maria M. Bundrick*

\_\_\_\_\_  
Signature

June 20, 2017

\_\_\_\_\_  
Date

**EXHIBIT B**  
**VENDOR INFORMATION**

The vendor should provide the following about the vendor's organization:

1. Provide a brief company history, including the founding date and number of years in business as currently constituted.

*Nightlight Christian Adoptions (NCA) is a non-profit organization with a 501(c) (3) status. The agency has been operational for 35 years in Missouri and formerly was named Love Basket, Inc. NCA serves individuals throughout the state of Missouri who are facing an unanticipated pregnancy and wish to explore viable alternatives to abortion. NCA is a Hague-accredited member of the Council on Accreditation (COA) and is an affiliate of the Alliance for Life (AFL) and the National Council for Adoption (NCFA). Governed by a Board of Directors, the agency became licensed and incorporated in 1982 and has maintained an impeccable record of professional service.*

2. Describe the nature of the vendor's business, type of services performed, etc. Identify the vendor's website address, if any:

*NCA has served women, men and teens through options counseling, educational services, referrals and ongoing support throughout pregnancy and beyond. Specific services offered to clientele include:*

- *Options counseling: Exploring adoption and parenting options; prenatal education resources*
- *Referrals: Connecting clients with local agencies who can offer guidance and resources to better ensure a healthy and safe pregnancy experience*
- *Housing assistance: Researching housing options, linking clients with both temporary and permanent housing solutions and assisting with rent/utilities/furnishings*
- *Other financial assistance: Assisting women/teens with reasonable living expenses to enable them to maintain a healthy lifestyle for themselves and their children*
- *Education: Providing referrals and offering encouragement and support for continuing high school and/or college education throughout pregnancy; offering adoption education, parenting resources and relationship enhancement resources*
- *Job search/assistance: Providing referrals for career counseling and education on job search through websites, creating resumes, preparation for interviews*
- *Post-abortive counseling/resources*

## EXHIBIT B (Cont.)

- *Adoption Resources: Education on adoption, assistance in creating an adoption plan, walking with birth mother throughout pregnancy, match, birth, court and offering post-placement counseling for as long as needed*

*The website for Nightlight Christian Adoptions is: [www.nightlight.org](http://www.nightlight.org)*

3. Provide a list of and a short summary of information regarding the vendor's current contracts for similar services.

*This is the first NCA bid for the Alternatives to Abortion grant as a Contractor. This agency has not had any other contracts.*

4. List, identify and provide reasons for each contract/client gained and lost in the past two years.

*As noted above, this Vendor has no current contracts, and is applying for a first-time Contract with A2A.*

5. In the table below, indicate if the vendor is a not-for-profit entity that promotes one or more of the following four (4) purposes established by Congress under 42 U.S.C. Section 601 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996. If a not-for-profit entity, describe past experience relative to the four (4) purposes.

Not-for-profit entity that promotes one or more of the following (4) purposes: <u>  X  </u> YES <u>      </u> NO	
Purposes	Clearly identify and describe the experience
Identify specific information about experience:	
Providing assistance to needy families so that children may be cared for in their own homes or in the homes of relatives	<i>NCA provides financial and material assistance to birth mothers whether or not they follow through with an adoption plan</i>
Ending the dependence of needy parents on government benefits by promoting job preparation, work and marriage	<i>Educational tools in relationship enhancement are provided to strengthen family, work and other relationships. Basic social skills, job search and preparation and pre-marital &amp; marital resources are available through professional counselors and social workers</i>
Preventing and reducing the incidence of out-of-wedlock pregnancies and establish annual numerical goals for preventing and reducing the incidence of these pregnancies	<i>NCA promotes sexual purity until marriage and offers counseling on healthy vs. unhealthy relationships, preventing the stressors of single parenting and avoiding the emotional pain of adoption</i>



Encouraging the formation and maintenance of two-parent families	<i>Tools like Prepare/Enrich, resources through Focus on the Family and other marriage-strengthening services are available to support healthy marital relationships.</i>
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6. Describe the structure of the organization including any board of directors, partners, top departmental management, corporate organization, corporate trade affiliations, any parent/subsidiary affiliations with other firms, etc.

*Nightlight Christian Adoptions is a national agency with eight state offices, one of which is this Missouri office. A Board of Directors (BOD) governs NCA, as proposed in the Bylaws of the corporation. The President of NCA, who answers to the BOD, manages the properties and business of the corporation. The Executive Director of the Missouri office supervises the day-to-day business of said office. NCA has no partners, corporate trade affiliations or parent/subsidiary affiliations with other firms.*

7. Provide a list summarizing any pending or final legal proceedings involving you or your company that took place in any court of law, administrative tribunal or alternative dispute resolution process that was filed, settled, or gone to final judgment within the last three (3) years. The summary need not disclose confidential information of a disputed allegation of fact or law, but must contain the allegations made and/or contested or finding of the court of law, tribunal or dispute resolution process. Failure to provide a full and accurate summary of legal proceedings may result in rejection of the proposal or termination of any subsequent contract.

*Nightlight, Missouri has no current pending or final legal proceedings nor has this Missouri office, previously known as Love Basket, Inc., ever been involved in any past legal suit or dispute during our 35-year history.*

EXHIBIT CCERTIFICATION REGARDING EXEMPTION FROM INCOME TAXATION

The vendor certifies, by submission of the proposal and by signing below, that the vendor is "exempt from income taxation pursuant to the United States Internal Revenue Code".

Maria M. Bundrick      Executive Director  
Name and Title of Authorized Representative

Maria M. Bundrick      June 20, 2017  
Signature      Date

EXHIBIT DCURRENT/PRIOR EXPERIENCE

The vendor should copy and complete this form documenting the vendor and subcontractor's current/prior experience considered relevant to the services required herein. In addition, the vendor is advised that if the contact person listed for verification of services is unable to be reached during the evaluation, the listed experience may not be considered.

Vendor Name or Subcontractor Name: <u>Nightlight Christian Adoptions</u> (if reference is for a Subcontractor):	
<b>Reference Information (Current/Prior Services Performed For:)</b>	
Name of Reference Company/Client:	Alliance for Life
Address of Reference Company/Client:	P.O. Box 65 Greenwood, MO 64034
Reference Contact Person Name, Phone #, and E-mail Address:	info@allianceforlifemissouri.com Marsha Middleton 816-806-4168
Title/Name of Service/Contract	President, Alliance for Life/A2A
Dates of Service/Contract:	July 2017 - July 2018
If service/contract has terminated, specify reason:	
Size of Service such as: ✓ Number of Individuals Being Served ✓ Total Annual Value/Volume	
Size of Service/Contract (in terms of vendor's total amount of business)	
Description of Services Performed, such as: ✓ Population Served ✓ Type of Services Performed ✓ Geographic Area Served ✓ Vendor's specific duties and strategic objective	Population: Women/teens - pregnant Type of Services: Counseling/adoption/education Geographic Area: State of Missouri, all regions Duties: Options counseling of clients, provide referrals, financial assistance, create adoption plan/Objective: offer abortion alternatives, strengthen marital/family relationships
Personnel Assigned to Service/Contract (include position title):	----- Mariah Bundrick, MA, LPC - Executive Director Regina Smith, MSW, LCSW - Social Worker



EXHIBIT EEXPERTISE OF KEY PERSONNEL

(Copy and complete this table for each key person proposed. Titles of personnel should be consistent with titles referenced throughout the RFP.)

<b>Title of Position:</b> <u>Social Worker/Birth parent Counselor</u>	
<b>Name of Person:</b>	Regina Smith
Educational Degree (s): include college or university, major, and dates	BSW, MSW, LCSW Social Work Missouri State University 2002/2004
License(s)/Certification(s), #(s), expiration date(s), if applicable:	LCSW #2014013482 Exp. September 30, 2017
Specialized Training Completed.	
# of years experience in area of service proposed to provide:	Six years experience working with birthmoms
Describe person's relationship to vendor. If employee, # of years. If subcontractor, describe other/past working relationships	Regina is an employee at Nightlight as of March 2017. I knew her for several years when she served the clients with whom I worked at a PRC. She then worked at Lutheran Family & Children's Services.
Describe this person's responsibilities over the past 12 months.	Prior to joining Nightlight, Regina worked at a skilled nursing facility conducting assessments, recruiting training interns
Previous employer(s), positions, and dates	The Neighborhood at Quail Creek - social work Ozarks Community Hospital - social wk/therapy
Identify specific information about experience in:	Clearly identify the experience, provide dates, describe the person's role and extent of involvement in the experience
✓ Early childhood development	OACAC Early Head Start - 2002 - 2004 case m.
✓ Family/marital counseling	Lutheran Family & Children's Services 2004 -
✓ Social work	All listed in this chart 2011
✓ Case management	OACAC/LFCS/Ozarks Community Hospital
✓ Program administration	LFCS/OACAC/Neighborhoods at Quail Creek

During Regina's tenure at The Neighborhoods at Quail Creek 2013-2017, she handled admission/discharge ppwk, patient planning and assessments and supervised interns. Her tenure at Ozarks Community Hospital included psychosocial assessments, patient education and support and conducting therapy groups. As a social worker for LFCS she offered pregnancy counseling, infant adoption awareness seminars and handled the A2A program. She has six years of past experience with A2A. She also served as a family advocate and case manager for OACAC Early Head Start.



**EXHIBIT K****BUSINESS ENTITY CERTIFICATION, ENROLLMENT DOCUMENTATION,  
AND AFFIDAVIT OF WORK AUTHORIZATION****BUSINESS ENTITY CERTIFICATION:**

The vendor must certify their current business status by completing either Box A or Box B or Box C on this Exhibit.

- |                      |   |
|----------------------|---|
| <b><u>BOX A:</u></b> | To be completed by a non-business entity as defined below.  |
| <b><u>BOX B:</u></b> | To be completed by a business entity who has not yet completed and submitted documentation pertaining to the federal work authorization program as described at <a href="http://www.uscis.gov/e-verify">http://www.uscis.gov/e-verify</a> . |
| <b><u>BOX C:</u></b> | To be completed by a business entity who has current work authorization documentation on file with a Missouri state agency including Division of Purchasing.  |

**Business entity**, as defined in section 285.525, RSMo, pertaining to section 285.530, RSMo, is any person or group of persons performing or engaging in any activity, enterprise, profession, or occupation for gain, benefit, advantage, or livelihood. The term "**business entity**" shall include but not be limited to self-employed individuals, partnerships, corporations, contractors, and subcontractors. The term "**business entity**" shall include any business entity that possesses a business permit, license, or tax certificate issued by the state, any business entity that is exempt by law from obtaining such a business permit, and any business entity that is operating unlawfully without such a business permit. The term "**business entity**" shall not include a self-employed individual with no employees or entities utilizing the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

Note: Regarding governmental entities, business entity includes Missouri schools, Missouri universities (other than stated in Box C), out of state agencies, out of state schools, out of state universities, and political subdivisions. A business entity does not include Missouri state agencies and federal government entities.

**BOX A – CURRENTLY NOT A BUSINESS ENTITY**

I certify that \_\_\_\_\_ (Company/Individual Name) **DOES NOT CURRENTLY MEET** the definition of a business entity, as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above, because: (check the applicable business status that applies below)

- ☐ - I am a self-employed individual with no employees; **OR**
- ☐ - The company that I represent employs the services of direct sellers as defined in subdivision (17) of subsection 12 of section 288.034, RSMo.

I certify that I am not an alien unlawfully present in the United States and if \_\_\_\_\_ (Company/Individual Name) is awarded a contract for the services requested herein under \_\_\_\_\_ (RFP Number) and if the business status changes during the life of the contract to become a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo then, prior to the performance of any services as a business entity, \_\_\_\_\_ (Company/Individual Name) agrees to complete Box B, comply with the requirements stated in Box B and provide the Division of Purchasing with all documentation required in Box B of this exhibit.

\_\_\_\_\_  
Authorized Representative's Name (Please Print)

\_\_\_\_\_  
*Authorized Representative's Signature*

\_\_\_\_\_  
Company Name (if applicable)

\_\_\_\_\_  
Date



EXHIBIT K, continued

(Complete the following if you DO NOT have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box B, do not complete Box C.)

**BOX B – CURRENT BUSINESS ENTITY STATUS**

I certify that Nightlight Christian Adoptions (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530.

Maria M. Bundrick

Authorized Business Entity Representative's  
Name (Please Print)

Maria M. Bundrick

Authorized Business Entity  
Representative's Signature

Nightlight Christian Adoptions

Business Entity Name

June 20, 2017

Date

mariah@nightlight.org

E-Mail Address

As a business entity, the vendor must perform/provide each of the following. The vendor should check each to verify completion/submission of all of the following:

- ☒ - Enroll and participate in the E-Verify federal work authorization program (Website: <http://www.uscis.gov/e-verify>; Phone: 888-464-4218; Email: [e-verify@dhs.gov](mailto:e-verify@dhs.gov)) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;
- AND
- ☒ - Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include EITHER the E-Verify Employment Eligibility Verification page listing the vendor's name and company ID OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed, at minimum, by the vendor and the Department of Homeland Security – Verification Division. If the signature page of the MOU lists the vendor's name and company ID, then no additional pages of the MOU must be submitted;
- AND
- ☒ - Submit a completed, notarized Affidavit of Work Authorization provided on the next page of this Exhibit.

Company ID Number: 1209037

Approved by:

<b>Employer</b> Nightlight Christian Adoptions	
Name (Please Type or Print) Maria Bundrick	Title
Signature Electronically Signed	Date 06/22/2017
<b>Department of Homeland Security – Verification Division</b>	
Name (Please Type or Print) USCIS Verification Division	Title
Signature Electronically Signed	Date 06/22/2017



EXHIBIT K, continuedAFFIDAVIT OF WORK AUTHORIZATION:

The vendor who meets the section 285.525, RSMo, definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Maria M. Bundrick (Name of Business Entity Authorized Representative) as Executive Director (Position/Title) first being duly sworn on my oath, affirm Nightlight Christian Adoption (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri for the duration of the contract(s), if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that Nightlight CA (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services provided under the contract(s) for the duration of the contract(s), if awarded.

*In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)*

Maria M. Bundrick

*Authorized Representative's Signature*

Maria M. Bundrick

Printed Name

Executive Director

Title

June 20, 2017

Date

mariah@nightlight.org

E-Mail Address

MBUN1756

E-Verify Company ID Number

Subscribed and sworn to before me this 22 of June, 2017. I am

(DAY)

(MONTH, YEAR)

commissioned as a notary public within the County of Jefferson, State of

(NAME OF COUNTY)

Missouri

(NAME OF STATE)

and my commission expires on August 7, 2018

(DATE)

Lara C. Kelso

*Signature of Notary*

6/22/17

Date



LARA C. KELSO  
My Commission Expires  
August 7, 2018  
Jefferson County  
Commission #14261244

**EXHIBIT K. continued**

(Complete the following if you have the E-Verify documentation and a current Affidavit of Work Authorization already on file with the State of Missouri. If completing Box C, do not complete Box B.)

**BOX C – AFFIDAVIT ON FILE - CURRENT BUSINESS ENTITY STATUS**

I certify that \_\_\_\_\_ (Business Entity Name) **MEETS** the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo and have enrolled and currently participates in the E-Verify federal work authorization program with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services related to contract(s) with the State of Missouri. We have previously provided documentation to a Missouri state agency or public university that affirms enrollment and participation in the E-Verify federal work authorization program. The documentation that was previously provided included the following.

- ✓ The E-Verify Employment Eligibility Verification page OR a page from the E-Verify Memorandum of Understanding (MOU) listing the vendor's name and the MOU signature page completed and signed by the vendor and the Department of Homeland Security – Verification Division
- ✓ A current, notarized Affidavit of Work Authorization (must be completed, signed, and notarized within the past twelve months).

Name of **Missouri State Agency** or **Public University\*** to Which Previous E-Verify Documentation Submitted: \_\_\_\_\_

(\*Public University includes the following five schools under chapter 34, RSMo: Harris-Stowe State University – St. Louis; Missouri Southern State University – Joplin; Missouri Western State University – St. Joseph; Northwest Missouri State University – Maryville; Southeast Missouri State University – Cape Girardeau.)

**Date** of Previous E-Verify Documentation Submission: \_\_\_\_\_

Previous **Bid/Contract Number** for Which Previous E-Verify Documentation Submitted: \_\_\_\_\_ (if known)

\_\_\_\_\_  
Authorized Business Entity Representative's  
Name (Please Print)

\_\_\_\_\_  
*Authorized Business Entity  
Representative's Signature*

\_\_\_\_\_  
Business Entity Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
E-Mail Address

\_\_\_\_\_  
E-Verify MOU Company ID Number

**FOR STATE OF MISSOURI USE ONLY**

Documentation Verification Completed By:

\_\_\_\_\_  
Buyer

\_\_\_\_\_  
Date